Allied Health • Chiropractic

September 2005 • Bulletin 359

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Medi-Cal Training Seminars
CPT-4 Codes and Modifiers Billing Reminder1
FFS/MCN Information Removed from Manual1
Innatient Provider Cutoff for

Non-HIPAA Electronic Claims 1

CPT-4 Procedure Codes and Modifiers Billing Reminder

Providers are reminded that they must select the appropriate CPT-4 code and modifier when billing. The CPT-4 code descriptor must match the procedure performed.

This information is reflected on manual replacement page <u>hcfa comp 16</u> (Part 2).

FFS/MCN Information Removed from Manual

Fee-for-Service/Managed Care Network (FFS/MCN) pilot program information is being removed from the provider manual. FFS/MCN was terminated effective for dates of service on or after July 1, 2003. Information about the program, which consisted of Placer County Managed Care Network (Health Care Plan [HCP] 640) and Sonoma County Partners for Health Managed Care Network (HCP 642), was retained in the provider manual for a period of two years to help providers with final billing.

Providers should remove pages mcp ffs bil 1 thru 5 (Part 2) from their manuals.



Inpatient Provider Cutoff Date for Proprietary and Non-HIPAA Standard Electronic Claims Formats: December 1, 2005

In accordance with efforts to comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA), Medi-Cal has established a plan to <u>discontinue</u> acceptance of proprietary and non-HIPAA standard electronic formats for electronic claims transactions. The first provider community to be affected is the Inpatient provider community.

Beginning **December 1, 2005**, proprietary and non-HIPAA standard electronic claim formats submitted by Inpatient providers will no longer be accepted.

Providers may call the Telephone Service Center (TSC) at 1-800-541-5555 for more information.

Cut-off dates for non-HIPAA standard claim formats for all other provider communities will be announced in upcoming *Medi-Cal Updates*.

CHR 1

Part 2

Instructions for Manual Replacement Pages

September 2005

Chiropractic Bulletin 359

Remove and replace: Contents for Chiropractic Billing and Policy i/ii*

hcfa comp 13/14 * and 15/16

Remove the section MCP: Fee-For-Service/ Managed Care Network (FFS/MCN) Billing

Guidelines: mcp ffs bil 1 thru 5

^{*} Pages updated due to ongoing provider manual revisions.